

# IRMS Set-Off File Naming Conventions and Layouts



Set-Off Agencies submit two files to TAX and receive seven in return. All of these files will have the Set-Off Agency's agency number appended to the file name. Each of these files is summarized below with detailed file layouts of each following.

FILES SENT FROM SET-OFF AGENCIES TO TAX	
<b>NEW-CLAIM-UPDATE CLAIM -</b> <b>&lt;AGENCY NUMBER&gt;.TXT</b>	This file is used to submit new claims or to update existing claims (changes, deletes, or reinstates). This file is the equivalent to the Submission of Claims for STARS.
<b>MATCH-UPDATE -&lt;AGENCY</b> <b>NUMBER&gt;.TXT</b>	This file is used to provides updates to your existing matches regarding certifications, finalizations, and contested claims.
FILES SENT FROM TAX TO SET-OFF AGENCIES	
<b>CLAIM-NUMBER-ASSIGNMENT-&lt;</b> <b>AGENCY NUMBER &gt;.TXT</b>	This file is used to provide you the assigned claim number on new claims and /or to return any claims with errors (new or updates). This file will be sent as a result of processing your "New-Claim-Update-Claim" file.
<b>MATCH-&lt; AGENCY NUMBER &gt;.TXT</b>	This file is used to notify you of funds that have been matched to your claims. This file replaces the SOC-1 and SOC-2 forms.
<b>PAYMENT-INFORMATION-&lt;</b> <b>AGENCY NUMBER &gt;.TXT</b>	This file is used to inform you of payment transactions for matches your agency finalized in the previous month.
<b>MATCH-UPDATE-ERRORS-&lt;</b> <b>AGENCY NUMBER &gt;.TXT</b>	This file is used to report errors associated with the processing of your "Match-Update" file.
<b>PRE-DEF-UPD-CONTEST-DATE -&lt;</b> <b>AGENCY NUMBER &gt;.TXT</b>	This file is used to notify your agency of matches that are pending default and/or to notify your agency of contested matches that need updating.
<b>DEFAULTED-MATCH &lt;AGENCY</b> <b>NUMBER &gt;.TXT</b>	This file is used to notify your agency of matches that have been defaulted.
<b>NEW-CLAIM-FILE-ERRORS-</b> <b>&lt;AGENCY NUMBER &gt;.TXT</b>	This file is used to notify your agency of new claims submitted with errors that prevent them from being processed and a claim number cannot be assigned.

**File: NEW-CLAIM-UPDATE CLAIM -<AGENCY NUMBER>.TXT**

This file is sent from the Setoff Agency to TAX to submit new claims or to update existing claims (changes, deletes, or reinstates). This file is the equivalent to the Submission of Claims for STARS.

Field Name	Start Position	End Position	Length	Required	Description
Claim Number	1	8	8	Yes/No	This number is assigned by TAX to uniquely identify the claim. When you submit new claims to TAX this field must be blank. When you submit updates to existing claims, this field is required. This is a numeric field.
Filler	9	9	1		The filler is a pipe.
Claim Name	10	49	40	Yes	Claimant name. For business debts, the preferred format is the legal business name or trading as name, For individual debts the format is Last name, First name and Middle Initial format. Please separate each name with a space. Suffixes may be included in this field, if applicable.
Filler	50	50	1		The filler is a pipe.
Agency Number	51	59	9	Yes	This is your setoff agency number assigned by TAX. This field is numeric. For state agencies this number will only contain 7 digits and should be left justified.
Filler	60	60	1		The filler is a pipe.
Agency Information	61	100	40	No	Text entered by Setoff Agencies for the purpose of identifying your. This information is not used by TAX.
Filler	101	101	1		The filler is a pipe.
Update Action	102	102	1	Yes	Identifies the requested action to be taken on a claim: A = add a new claim; C = change to an existing claim; D = delete a claim; and, R = reinstate a claim.
Filler	103	103	1		The filler is a pipe.
External ID Indicator	104	104	1	Yes	Must be S for SSN or F for FEIN (federal employer identification number). This is a numeric field.
Filler	105	105	1		The filler is a pipe.
External ID (SSN/FEIN)	106	114	9	Yes	The debtor's SSN or FEIN depending upon the SSN/FEIN

Field Name	Start Position	End Position	Length	Required	Description
					indicator setting.
Filler	115	115	1		The filler is a pipe.
Claim Year	116	119	4	Yes	The calendar year this claim is being submitted for. The format is "YYYY".
Filler	120	120	1		The filler is a pipe.
Claim Amount	121	134	14	Yes	The amount of the claim. The number will be right justified and either blank or zero filled with a decimal point and two digits right of the decimal (e.g., "bbbbbb12345.67" where "b" represents a blank, or "00000012345.67"). This amount should be a positive amount. If the decimal point is not included in your submission, our system will assume a whole number. In other words 3000 = \$3000.00 whereas 30.00 = 30.00.
Filler	135	184	50		This filler 1 pipe and 49 spaces. This will be used to accommodate any future changes.
Record Type	185	185	1	Yes	This field value should be set to " <b>B</b> " when you submit new claim, or set to " <b>D</b> " when you submit updates to an existing claim.

**File: MATCH-UPDATE -<AGENCY NUMBER>.TXT**

This file is sent from your Set-Off Agency to TAX and provides TAX with updates to existing matches regarding certifications, finalizations, and contested claims.

Field Name	Start Position	End Position	Length	Required	Description
Claim Number	1	8	8	Yes	This is the number assigned by TAX to uniquely identify the claim.
Filler	9	9	1		The filler is a pipe.
Agency Number	10	18	9	Yes	This is your assigned setoff agency number. For state agencies this number will only contain 7 digits and should be left justified. This is a numeric field.
Filler	19	19	1		The filler is a pipe.
Update Action	20	20	1	Yes	This field identifies the action you are requesting be taken on a match: C = Certification; F = Finalization; and, T = Contest.
Filler	21	21	1		The filler is a pipe.
External ID Indicator	22	22	1	Yes	Must be S for SSN or F for FEIN (federal employer identification number)
Filler	23	23	1		The filler is a pipe.
External ID (SSN/FEIN)	24	32	9	Yes	The debtor's SSN or FEIN depending upon the SSN/FEIN indicator setting. This is a numeric field.
Filler	33	33	1		The filler is a pipe.
Match ID	34	42	9	Yes	Unique ID assigned by TAX when the claim is matched with available funds. Must be used to request an update to a match.
Filler	43	43	1		The filler is a pipe.
Date of Certification	44	51	8	No	This is the date your setoff agency notified the debtor that funds were matched and being held for their claim. The date is in "MMDDYYYY" format. To accommodate for blank fields this should be programmed as a character field.
Filler	52	52	1		The filler is a pipe.

Field Name	Start Position	End Position	Length	Required	Description
Date of Contest	53	60	8	No	This is the date the debtor contested the claim or to indicate an updated date of the contest. The date is in "MMDDYYYY" format. To accommodate for blank fields this should be programmed as a character field.
Filler	61	61	1		The filler is a pipe.
Finalized Amount	62	75	14	No	This is the amount of available resources your agency is authorizing TAX to turn over to your agency to be applied to the claim. The number will be right justified and either blank or zero filled with a decimal point and two digits right of the decimal (e.g., "bbbbbb12345.67" where "b" represents a blank, or "00000012345.67"). This amount should be a positive amount. If the decimal point is not included in your submission, our system will assume a whole number. In other words 3000 = \$3000.00 whereas 30.00 = 30.00.
Filler	76	125	50		This filler is 1 pipe and 49 spaces. This will be used to accommodate any future changes.
Record Type	126	126	1	Yes	This field value should be set to "F" to identify this file type.

**File: CLAIM-NUMBER-ASSIGNMENT-< AGENCY NUMBER >.TXT**

This file is sent from TAX to your Set-Off Agency and provides the assigned claim number for your new claims and/or returns any claims with errors (new or updates). New claims that were submitted that have errors will not be eligible for matching until the error is corrected. Updated claims that were submitted that have errors will not be updated until the error is resolved.

Field Name	Start Position	End Position	Length	Required	Description
Claim Number	1	8	8	Yes	This is the number assigned by TAX to uniquely identify the claim.
Filler	9	9	1		The filler is a pipe.
Claim Name	10	49	40	Yes	This is the debtor's name as you submitted it on your claim.
Filler	50	50	1		The filler is a pipe.
Agency Number	51	59	9	Yes	This is your assigned setoff agency number. For state agencies this number will only contain 7 digits and will be left justified.
Filler	60	60	1		The filler is a pipe.
Agency Information	61	100	40	No	This is the text entered by your agency for the purpose of identifying the claim. This information is not used by TAX.
Filler	101	101	1		The filler is a pipe.
External ID Indicator	102	102	1	Yes	Value will be S for SSN or F for FEIN as you submitted it.
Filler	103	103	1		The filler is a pipe.
External ID (SSN/FEIN)	104	112	9	Yes	This is the debtor's SSN or FEIN depending upon the External ID indicator.
Filler	113	113	1		The filler is a pipe.
Claim Year	114	117	4	Yes	This is the calendar year the claim was submitted for. The format is "YYYY".
Filler	118	118	1		The filler is a pipe.
Claim Amount	119	132	14	Yes	This is the claim amount that was submitted. The format is right justified and zero filled with a decimal point and two digits right of the decimal (e.g.,

Field Name	Start Position	End Position	Length	Required	Description
					"00000012345.67)
Filler	133	133	1		This filler is a pipe.
Date Processed by TAX	134	141	8	Yes	This is the date your claim was processed. The format is "MMDDYYYY".
Filler	142	142	1		The filler is a pipe.
Invalid Claim Indicator	143	143	1	No	This field is used to inform the Setoff Agency there is an error on the claim. If set to "Y" the Invalid Claim Reason will contain text explaining why the claim is invalid.
Filler	144	144	1		The filler is a pipe.
Invalid Claim Reason	145	398	254	No	<p>This field indicates the reason the claim is invalid.</p> <p><b>The possible errors for new claims are:</b></p> <ul style="list-style-type: none"> <li>• Claim Amount cannot be less than \$5.00</li> <li>• Claim Amount is invalid</li> <li>• Claim Name does not correspond to Customer Name.</li> <li>• Claim Name was not entered or is invalid.</li> <li>• Claim Year was not entered or is invalid.</li> <li>• Customer does not exist in the system.</li> <li>• The Agency Number should be associated with an Agency that is Active.</li> <li>• The External ID Type was not entered or is invalid.</li> <li>• The External ID was not entered or is invalid.</li> </ul> <p><b>The possible errors for update claims are:</b></p> <ul style="list-style-type: none"> <li>• Claim Amount cannot be changed if the Claim Status is {Paid or Deleted}.</li> <li>• Claim Amount cannot be less than the total of Released, Matched and Finalized Amounts.</li> <li>• Claim cannot be Deleted due to missing/invalid</li> </ul>

Field Name	Start Position	End Position	Length	Required	Description
					<p>Claim Name.</p> <ul style="list-style-type: none"> <li>• Claim cannot be Deleted once it has been paid.</li> <li>• Claim cannot be Reinstated, as the Agency Number is associated with an Agency that is not Active.</li> <li>• Claim cannot be Reinstated, as the Claim Status is not Deleted.</li> <li>• Claim cannot be Reinstated due to missing/invalid Claim Name.</li> <li>• Claim Name cannot be changed if the Claim Status is {Paid or Deleted}.</li> <li>• External ID cannot be changed if the Claim Status is {other than Invalid}.</li> <li>• External ID Type cannot be changed if the Claim Status is {other than Invalid}.</li> <li>• Prior year Claims cannot be changed.</li> <li>• Prior year Claims cannot be Reinstated.</li> <li>• Update Action is invalid</li> <li>• Claim Number, Agency Number or External ID is invalid</li> <li>• Agency Status is not active</li> <li>• Record Type is Invalid</li> </ul>
Filler	399	448	50		This filler is 1 pipe and 49 spaces. This will be used to accommodate any future changes.
Record Type	449	449	1	Yes	This field value will be set to “C” to indicate file type.



**File: MATCH-< AGENCY NUMBER >.TXT**

This file is sent from TAX to your Set-Off Agency to inform you of funds that have been matched to your claims. This file replaces the current SOC-1 and SOC-2 forms. (Changes from the previous version of this file layout are highlighted.)

Field Name	Start Position	End Position	Length	Required	Description
Claim Number	1	8	8	Yes	This is the number assigned by TAX to uniquely identify the claim.
Filler	9	9	1		The filler is a pipe.
Claim Name	10	49	40	No	This is the debtor's name as you submitted it on your claim.
Filler	50	50	1		The filler is a pipe.
Agency Number	51	59	9	Yes	This is your assigned setoff agency number. For state agencies this number will only contain 7 digits and will be left justified.
Filler	60	60	1		The filler is a pipe.
Agency Information	61	100	40	No	This is text entered by your agency for the purpose of identifying the claim. This information is not used by TAX.
Filler	101	101	1		The filler is a pipe.
External ID Indicator	102	102	1	Yes	Value will be S for SSN or F for FEIN as you submitted it.
Filler	103	103	1		The filler is a pipe.
External ID (SSN/FEIN)	104	112	9	Yes	This is the debtor's SSN or FEIN depending upon the External ID indicator.
Filler	113	113	1		The filler is a pipe.
Match ID	114	122	9	Yes	Unique ID assigned by TAX when the claim is matched with available funds.
Filler	123	123	1		The filler is a pipe.
Match Date	124	131	8	Yes	This field is the date the claim was matched with an available resource (Tax Refund, Lottery winnings, DOA Vendor Payments if applicable). The format is "MMDDYYYY".

Field Name	Start Position	End Position	Length	Required	Description
Filler	132	132	1		The filler is a pipe.
Match Amount	133	146	14	Yes	This is the amount of available funds that was matched to the claim. The number will be right justified and zero filled with a decimal point and two digits right of the decimal (e.g., "00000012345.67").
Filler	147	147	1		The filler is a pipe.
Payee Name	148	197	50	No	This is the name of the customer as it appears on the source of the available funds (tax refund, lottery winnings, or vendor payment). The name will be in last name, first name and middle initial order.
Filler	198	198	1		The filler is a pipe.
Address Line 1	199	298	100	No	This is the address line of the customer as it appears on the source of the available funds.
Filler	299	299	1		The filler is a pipe.
Address Line 2	300	339	40	No	This is second address line (if applicable) of the customer as it appears on the source of the available funds.
Filler	340	340	1		The filler is a pipe.
City	341	380	40	No	This is city of the customer as it appears on the source of the available funds.
Filler	381	381	1		The filler is a pipe.
State	382	383	2	No	This is state abbreviation of the customer as it appears on the source of the available funds.
Filler	384	384	1		The filler is a pipe.
Zip Code	385	394	10	No	This is the 9-digit zip code of the customer as it appears on the source of the available funds. The format is xxxxx-xxxx.
Filler	395	395	1		The filler is a pipe.
Country Code	396	397	2	No	This field is a code to represent the country.
Filler	398	398	1		The filler is a pipe.

Field Name	Start Position	End Position	Length	Required	Description
Funding Source	399	399	1	Yes	This field identifies the funding source of the funds that were matched to your claim. Values are: 0=Tax Refund, 1=Lottery Payment, 2=DOA Vendor Payment.
Filler	400	449	50		This filler is 1 pipe and 49 spaces. This will be used to accommodate any future changes.
Record Type	450	450	1	Yes	This field will be set to “E” to indicate the file type.

**File: PAYMENT-INFORMATION-< AGENCY NUMBER >.TXT**

This file is sent from TAX to your Set-Off Agency and provides you with information on payment transactions being made for matches that were finalized in the previous month.

Field Name	Start Position	End Position	Length	Required	Description
Claim Number	1	8	8	Yes	This is the number assigned by TAX to uniquely identify the claim.
Filler	9	9	1		The filler is a pipe.
Claim Name	10	49	40	Yes	This is the debtor's name as you submitted it on your claim.
Filler	50	50	1		The filler is a pipe.
Agency Number	51	59	9	Yes	This is your assigned setoff agency number. For state agencies this number will only contain 7 digits and will be left justified.
Filler	60	60	1		The filler is a pipe.
Agency Information	61	100	40	No	This is text entered by your agency for the purpose of identifying the claim. This information is not used by TAX.
Filler	101	101	1		The filler is a pipe.
External ID Indicator	102	102	1	Yes	Value will be S for SSN or F for FEIN as you submitted it.
Filler	103	103	1		The filler is a pipe
External ID (SSN/FEIN)	104	112	9	Yes	This is the debtor's SSN or FEIN depending upon the External ID indicator.
Filler	113	113	1		The filler is a pipe
Funding Source	114	114	1	Yes	This field identifies the funding source of the funds that were matched to your claim. Values are: 0=Tax Refund, 1=Lottery Payment, 2=DOA Vendor Payment.
Filler	115	115	1		The filler is a pipe
Finalized Date	116	123	8		This field contains the date you finalized the match. The format is "MMDDYYYY".
Filler	124	124	1		The filler is a pipe.
Finalized Amount	125	138	14	Yes	This field contains the amount of funds finalized by your agency. The amount will be right justified and zero filled

Field Name	Start Position	End Position	Length	Required	Description
					with a decimal point and two digits right of the decimal (e.g., "00000012345.67").
Filler	139	139	1		The filler is a pipe.
Date of Payment	140	147	8	Yes	This field indicates the effective date TAX informed DOA to disburse these funds to your agency. The format is "MMDDYYYY".
Filler	148	148	1		The filler is a pipe.
Amount of Payment	149	162	14	Yes	This field identifies the amount of funds that will be paid to your agency for this match. The payment amount is "Finalized Amount" less any "Administrative Costs" if applicable. The number will be right justified and zero filled with a decimal point and two digits right of the decimal (e.g., "00000012345.67"). This should always be a positive amount.
Filler	163	163	1		The filler is a pipe.
Administrative Costs	164	177	14	Yes	This field contains the amount of Administrative costs withheld from your payment (if applicable). The amount will be right justified and zero filled with a decimal point and two digits right of the decimal (e.g., "00000012345.67").
Filler	178	227	50		This filler is 1 pipe and 49 spaces. This will be used to accommodate for any future changes.
Record Type	228	228	1	Yes	This field will be set to "G" to indicate the file type.

**File: MATCH-UPDATE-ERRORS-< AGENCY NUMBER >.TXT**

This file is sent from TAX to your Set-Off Agency to report errors associated with the processing of your “Match-Update” file. (Changes from the previous version of this file layout are highlighted.)

Field Name	Start Position	End Position	Length	Required	Description
Claim Number	1	8	8	Yes	This is the number assigned by TAX to uniquely identify the claim.
Filler	9	9	1		The filler is a pipe.
Agency Number	10	18	9	Yes	This is your assigned setoff agency number. For state agencies this number will only contain 7 digits and will be left justified.
Filler	19	19	1		The filler is a pipe.
Update Action	20	20	1	Yes	This is provided from the <b>Type F</b> record so your agency can determine which record had an error if multiple records were sent for this claim. Values are: C = Certify, F = Finalize, T = Contest.
Filler	21	21	1		The filler is a pipe.
External ID Indicator	22	22	1	Yes	Value will be S for SSN or F for FEIN as you submitted it.
Filler	23	23	1		The filler is a pipe.
External ID (SSN/FEIN)	24	32	9	Yes	This is the debtor’s SSN or FEIN depending upon the External ID indicator.
Filler	33	33	1		The filler is a pipe.
Match ID	34	42	9	Yes	Unique ID assigned by TAX when the claim is matched with available funds.
Filler	43	43	1		The filler is a pipe.
Date of Certification	44	51	8	No/Yes	This is the date your setoff agency notified the debtor that funds were matched and being held for their claim. The date is in “MMDDYYYY” format.
Filler	52	52	1		The filler is a pipe.
Date of Contest	53	60	8	No/Yes	This is the date you indicated the debtor contested the claim or is the updated contest date. The date is in “MMDDYYYY” format.

Field Name	Start Position	End Position	Length	Required	Description
Filler	61	61	1		The filler is a pipe.
Finalized Amount	62	75	14	No	This is the amount of available resources your agency is authorizing TAX to turn over to your agency to be applied to the claim. The number will be right justified and either blank or zero filled with a decimal point and two digits right of the decimal (e.g., "bbbbbb12345.67" where "b" represents a blank, or "00000012345.67"). This amount should be a positive amount. If the decimal point is not included in your submission, our system will assume a whole number. In other words 3000 = \$3000.00 whereas 30.00 = 30.00.
Filler	76	76	1		The filler is a pipe.

Field Name	Start Position	End Position	Length	Required	Description
Failure Reason	77	330	254	Yes	<p>This field contains text explaining the errors found in processing your “Match-Update” file.</p> <p>Possible values are:</p> <ul style="list-style-type: none"> <li>• The match update action is invalid.</li> <li>• Claim Number, Agency Number or External ID is invalid.</li> <li>• Invalid search key data. Match ID = &lt;match id&gt;.</li> <li>• Invalid search key data. Claim Number = &lt;claim number&gt;</li> <li>• Invalid search key data. Agency Number = &lt;agency number&gt;.</li> <li>• Cannot find a match in the system for Match ID = &lt;match id&gt;, Claim Number = &lt;claim number&gt; and Agency Number = &lt;agency number&gt;.</li> <li>• The match update action cannot be &lt;match update action&gt; because the match has a status of &lt;match status&gt;.</li> <li>• Cannot Certify match with status of &lt;match status&gt;.</li> <li>• Cannot Certify; the Certification Date on the transaction is invalid. Certification Date: &lt;certification date&gt;; Match Status: &lt;match status&gt;.</li> <li>• Cannot Contest; the match has not been certified and the Certification Date on the transaction is invalid. Certification Date: &lt;certification date&gt;; Match Status: &lt;match status&gt;.</li> <li>• Cannot Contest; the Contested Date on the transaction is invalid. Contested Date: &lt;contested date&gt;; Match Status: &lt;match status&gt;</li> <li>• Cannot Finalize; the match has not been certified and the Certification Date on the transaction is invalid. Certification Date: &lt;certification date&gt;; Match Status: &lt;match status&gt;.</li> <li>• Cannot Finalize; invalid Finalized Amount- entered as \$\$\$\$\$\$\$\$\$\$. \$\$</li> <li>• Record Type is Invalid</li> </ul>
Filler	331	380	50		This filler is 1 pipe and 49 spaces. This will be used to accommodate for any future changes.
Record Type	381	381	1	Yes	This field will be set to “H” to indicate the file type.



**File: DEFAULTED-MATCH-<AGENCY NUMBER > .TXT**

This file is sent from TAX to your Set-Off Agency to notify you of matches that have defaulted.

Field Name	Start Position	End Position	Length	Required	Description
Claim Number	1	8	8	Yes	This is the number assigned by TAX to uniquely identify the claim.
Filler	9	9	1		The filler is a pipe.
Claim Name	10	49	40	Yes	This is the debtor's name as you submitted it on your claim.
Filler	50	50	1		The filler is a pipe.
Agency Number	51	59	9	Yes	This is your assigned setoff agency number. For state agencies this number will only contain 7 digits and will be left justified.
Filler	60	60	1		The filler is a pipe.
External ID Indicator	61	61	1	Yes	Value will be S for SSN or F for FEIN as you submitted it.
Filler	62	62	1		The filler is a pipe.
External ID (SSN/FEIN)	63	71	9	Yes	This is the debtor's SSN or FEIN depending upon the External ID indicator.
Filler	72	72	1		The filler is a pipe.
Match ID	73	81	9	Yes	Unique ID assigned by TAX when the claim is matched with available funds.
Filler	82	82	1		The filler is a pipe.
Match Date	83	90	8	Yes	The date the claim was matched with an available resource (Tax Refund, Lottery winnings, DOA Vendor Payments if applicable). The format is "MMDDYYYY".
Filler	91	91	1		The filler is a pipe.
Match Amount	92	105	14	Yes	The amount of available funds that were matched to the claim. The amount will be right justified and zero filled with a decimal point and two digits right of the decimal (e.g., "00000012345.67").
Filler	106	106	1		The filler is a pipe.

Field Name	Start Position	End Position	Length	Required	Description
Match Status	107	107	1	Yes	This field indicates the match has now been defaulted. Value is D= Defaulted.
Filler	108	108	1		The filler is a pipe.
Processed Date	109	116	8	Yes	The date the match was defaulted. The format is "MMDDYYYY".
Filler	117	117	1		The filler is a pipe.
Reason Match Denied	118	167	50	Yes	This text field indicates the reason the match was defaulted. Reasons for default are: <ul style="list-style-type: none"> <li>• Not Certified-Defaulted</li> <li>• Not Finalized-Defaulted.</li> </ul>
Filler	168	217	50		This filler is 1 pipe and 49 spaces. This will be used to accommodate for any future changes.
Record Type	218	218	1	Yes	This field will be set to "I" to indicate the file type.

**File: PRE-DEFAULT-UPD-CONTEST-DATE -< AGENCY NUMBER >.TXT**

This file is sent from TAX to your Set-Off Agency to notify you of matches that are pending default and to notify you of contested claims that have been in a contest status for more than 30 days.

Field Name	Start Position	End Position	Length	Required	Description
Claim Number	1	8	8	Yes	This is the number assigned by TAX to uniquely identify the claim.
Filler	9	9	1		The filler is a pipe.
Claim Name	10	49	40	Yes	This is the debtor's name as you submitted it on your claim.
Filler	50	50	1		The filler is a pipe.
Agency Number	51	59	9	Yes	This is your assigned setoff agency number. For state agencies this number will only contain 7 digits and will be left justified.
Filler	60	60	1		The filler is a pipe.
Agency Information	61	100	40	No	This is text entered by your agency for the purpose of identifying the claim. This information is not used by TAX.
Filler	101	101	1		The filler is a pipe.
External ID Indicator	102	102	1	Yes	Value will be S for SSN or F for FEIN as you submitted it.
Filler	103	103	1		The filler is a pipe.
External ID (SSN/FEIN)	104	112	9	Yes	This is the debtor's SSN or FEIN depending upon the External ID indicator.
Filler	113	113	1		The filler is a pipe.
Match ID	114	122	9	Yes	Unique ID assigned by TAX when the claim is matched with available funds.
Filler	123	123	1		The filler is a pipe.
Match Date	124	131	8	Yes	The date the claim was matched with an available resource (Tax Refund, Lottery winnings, DOA Vendor Payments if applicable). The format is "MMDDYYYY".
Filler	132	132	1		The filler is a pipe.

Field Name	Start Position	End Position	Length	Required	Description
Match Amount	133	146	14	Yes	The amount of available funds that were matched to the claim. The amount will be right justified and zero filled with a decimal point and two digits right of the decimal (e.g., "00000012345.67").
Filler	147	147	1		The filler is a pipe.
Match Status	148	148	1	Yes	This field indicates the current status of your match. Values are: A = Active, R=Certified, C=Contested.
Filler	149	149	1		The filler is a pipe.
Funding Source	150	150	1	Yes	This field identifies the funding source of the funds that were matched to your claim. Values are: 0=Tax Refund, 1=Lottery Payment, 2=DOA Vendor Payment.
Filler	151	151	1		The filler is a pipe.
Default Date	152	159	8	Yes/No	The date that the match is scheduled to default and the funds will no longer be available for this claim. The format is "MMDDYYYY".
Filler	160	160	1		The filler is a pipe.
Date of Certification	161	168	8	Yes/No	This is the date your setoff agency notified the debtor that funds were matched and being held for their claim. The date is in "MMDDYYYY" format.
Filler	169	169	1		The filler is a pipe.
Initial Contested Date	170	177	8	Yes/No	This is the date you indicated the debtor contested the claim. The date is in "MMDDYYYY" format.
Filler	178	178	1		The filler is a pipe.
Contested Date	179	186	8	Yes/No	This is the last updated contest date you provided us to indicate the claim was still in a contest status. The date is in "MMDDYYYY" format. This field may be blank if this is the first request for an update since the initial contest notification.
Filler	187	187	1		The filler is a pipe.

Field Name	Start Position	End Position	Length	Required	Description
Reason	188	237	50	Yes	<p>This field identifies the reason we are notifying you. Either your match is pending default and the reason this match is pending default or the claim is contested and we are requesting you update the contested date. Values are:</p> <ul style="list-style-type: none"> <li>• Not Certified-Pre-Default Warning;</li> <li>• Not Finalized-Pre-Default Warning</li> <li>• Contested-Request for Update to Contested Date.</li> </ul>
Filler	238	287	50		This filler is 1 pipe and 49 spaces. This will be used to accommodate for any future changes.
Record Type	288	288	1	Yes	This field is set to “ <b>K</b> ” to identify this file type.

**File: NEW-CLAIM-FILE-ERRORS-<AGENCY NUMBER >.TXT**

This file is sent from TAX to your Set-Off Agency when new claims are submitted with errors that prevent them from being processed and a claim number cannot be assigned.

Field Name	Start Position	End Position	Length	Required	Description
Claim Name	1	40	40	Yes	This is the debtor's name as you submitted it on your claim.
Filler	41	41	1		The filler is a pipe.
Agency Number	42	50	9	Yes	This is the setoff agency number you submitted your new claims under.
Filler	51	51	1		The filler is a pipe.
Agency Information	52	91	40	No	This is the text entered by your agency for the purpose of identifying your claim. This information is not used by TAX.
Filler	92	92	1		The filler is a pipe.
External ID Indicator	93	93	1	Yes	Values should be S for SSN or F for FEIN.
Filler	94	94	1		The filler is a pipe.
External ID (SSN/FEIN)	95	103	9	Yes	This is the debtor's SSN or FEIN.
Filler	104	104	1		The filler is a pipe.
Claim Year	105	108	4	Yes	This is the calendar year the claim was submitted for.
Filler	109	109	1		The filler is a pipe.
Claim Amount	110	123	14	Yes	This is the claim amount you submitted.
Filler	124	124	1		The filler is a pipe.
Processed Date	125	132	8	Yes	This is the date TAX attempted to process your claims. The format is "MMDDYYYY".
Filler	133	133	1		The filler is a pipe.
Invalid Claim Reason	134	387	254	Yes	This field is used to communicate the reason the claim record could not be processed. Possible values are: <ul style="list-style-type: none"> <li>Agency Status is not active</li> <li>Agency Number is invalid</li> <li>Claim amount is invalid- entered as \$\$\$\$\$\$\$\$\$\$. \$\$</li> </ul>

Field Name	Start Position	End Position	Length	Required	Description
					<ul style="list-style-type: none"> <li>Update Action is invalid</li> <li>Record Type is Invalid.</li> </ul>
Filler	388	437	50		This filler is 1 pipe and 49 spaces. This will be used to accommodate for any future changes.
Record Type	438	438	1	Yes	This field will be set to “J” to indicate file type.